STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966965	**11/20/2018**
NAME OF PROVIDER OR SUPPLIER **SARRIA MACHIN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **13206 SW 218 TERRACE** **MIAMI, FL 33170**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Change of Ownership Survey was conducted on and concluded on . Sarria Machin ALF had deficiencies identified at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility admitted a resident that failed to meet admission criteria, (Resident #2).

Findings included:

A record review on found Resident 2's health assessment (dated) stated he required total care with ambulating, bathing, and transferring. The resident was bedridden and diagnosed as barely verbal and suffering from .

On at 11:05 AM in an interview the Owner stated Resident 2 was hospitalized for an operation. She stated the resident was admitted to the ALF on and was hospitalized on . The resident was on hospice care, bedridden, , and suffering from . She stated the resident had no family and needed a place to live so she admitted him.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview, the facility failed to have an up-to-date admission and discharge record.

Findings included:

Observation on at 9:30 AM showed Residents #2, and #3 were in the facility.

Review of the admission and discharge record showed Residents #2 and #3 were not on the record.

Interview conducted on at 1:10 PM, Staff B stated that Resident #2 was admitted on and Resident #3 was admitted on .

Class III

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0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have a signed consent for unlicensed staff to assist with self-administration of medication for one of five sampled residents (Resident 2).

Findings included:

On a record review revealed the facility did not have a signed consent form from Resident 2 acknowledging and granting permission for unlicensed staff to assist him with the self-administration of medication.

On in an interview at 11:05 AM the Owner stated the resident was unable to sign the consent form because he was , , suffering from or . She stated that someone signed the contract for the resident, but for some reason did not sign all the paperwork in the admission packet.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report with the Agency within one business day and fifteen days for one out of five sampled residents who and sustained a , (Resident #5).

Findings included:

Review of Resident #1's record revealed she was admitted to the facility on and transferred to the hospital on . Progress notes documented that the resident in her room and was transferred to the hospital on .

Interview conducted with Staff B on 11/20/18 at 7:45 AM stated that Resident #5 in her room at night. She was transferred to hospital and had a , . No adverse incident report was submitted to the agency.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to have resident contract with the facility

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executed at or prior to admission for two out of five (Resident #2 and #3) sampled residents.

Findings included:

Record review revealed Resident #2 was admitted on and Resident #3 was admitted on . The facility had not executed contracts with the residents.

Interview conducted on at 1:10 PM, Staff B stated that in-fact, the facility had not executed and entered into a contract with Resident #2 and #3.

Class III

Based on observation, record review, and interview, the facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained . The facility failed to acquire and develop a process to test the alternate power source. The facility failed to obtain the required fuel to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents.

Findings:

On at 12:45 PM an environmental safety tour was conducted with the Owner, the facility did not have the required fuel on-site to power the generator.

Record review revealed the facility did not have a process or service to test their generator. Additionally, the facility did not have policies and procedures detailing how to operate the generator. The facility had no documented proof resident's, their family or guardian had been notified of the facility's emergency power plan.

On at 1:10 PM, in an interview, the Owner stated she was not aware the facility was required to have fuel on site. She stated the facility has a contract with Chevron Gas to deliver fuel to the facility when a storm is approaching. Additional, she stated she was not aware the facility had to have policies and procedures on how to operate the generator. She stated she did not know they had to have a process on how to test the generator. She also stated the facility has developed letters to notify residents, their family or guardian of the facility's emergency plan but the letters had not been distributed.

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Class III